

**HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND**  
**COUNTY ACTIVE EMPLOYEES**  
**BU 1, 2, 3, 4, 9, 10, 13**  
**Non-BU11 and Non-BU12 Excluded, Exempt and EM Employees**  
**EMPLOYER/EMPLOYEE CONTRIBUTIONS**  
**JULY 1, 2009 through AUGUST 31, 2009**

Benefit Plan	Type of Enrollment	Employer Contribution	Employee Contribution	Total Contribution Required
<b>MEDICAL PLANS</b>				
<b>EUTF PPO (HMA)</b> <b>RSN Chiropractic</b>	Self	\$170.86	\$105.60	\$276.46
	Two-Party	\$414.42	\$256.54	\$670.96
	Family	\$528.84	\$326.82	\$855.66
<b>EUTF PPO (HMSA)</b> <b>RSN Chiropractic</b>	Self	\$170.86	\$112.50	\$283.36
	Two-Party	\$414.42	\$273.28	\$687.70
	Family	\$528.84	\$348.20	\$877.04
<b>EUTF Prescription Drug (NMHC)</b>	Self	\$38.56	\$25.30	\$63.86
	Two-Party	\$93.54	\$61.52	\$155.06
	Family	\$119.52	\$78.44	\$197.96
<b>EUTF HMO (HMSA)</b> <b>Prescription Drug</b> <b>RSN Chiropractic</b>	Self	\$209.42	\$174.90	\$384.32
	Two-Party	\$507.96	\$424.88	\$932.84
	Family	\$648.36	\$541.54	\$1,189.90
<b>Kaiser Comprehensive</b> <b>Prescription Drug</b> <b>RSN Chiropractic</b>	Self	\$209.42	\$98.24	\$307.66
	Two-Party	\$507.96	\$238.12	\$746.08
	Family	\$648.36	\$303.88	\$952.24
<b>Kaiser Basic</b> <b>Prescription Drug</b> <b>RSN Chiropractic</b>	Self	\$209.42	\$63.08	\$272.50
	Two-Party	\$507.96	\$152.68	\$660.64
	Family	\$648.36	\$194.88	\$843.24
<b>EUTF Supplemental (HMSA)</b> <b>NMHC Prescription Drug</b> <b>RSN Chiropractic</b>	Self	\$122.90	\$80.10	\$203.00
	Two-Party	\$297.98	\$194.82	\$492.80
	Family	\$380.50	\$248.06	\$628.56
<b>Royal State Supplemental</b> <b>Prescription Drug</b> <b>RSN Chiropractic</b>	Self	\$35.06	\$21.56	\$56.62
	Two-Party	\$86.14	\$53.60	\$139.74
	Family	\$97.82	\$59.58	\$157.40
<b>EUTF High Deductible Health Plan (HMSA)</b> <b>Prescription Drug</b>	Self	\$209.42	\$50.90	\$260.32
	Two-Party	\$507.96	\$124.60	\$632.56
	Family	\$648.36	\$159.06	\$807.42
<b>DENTAL PLAN</b>				
<b>HDS Dental</b>	Self	\$18.58	\$12.20	\$30.78
	Two-Party	\$37.20	\$24.38	\$61.58
	Family	\$76.96	\$24.38	\$101.34
<b>VISION PLAN</b>				
<b>VSP Vision</b>	Self	\$3.64	\$2.40	\$6.04
	Two-Party	\$6.76	\$4.42	\$11.18
	Family	\$8.84	\$5.78	\$14.62
<b>LIFE INSURANCE</b>				
<b>Standard Life Insurance</b>	Employee	\$4.16	\$0.00	\$4.16